



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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e-mail: busserv@sos.state.oh.us

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

### INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

<input type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input checked="" type="checkbox"/> (2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

**FIRST:** Name of Corporation Robert & Christine Steinmann Family Foundation

**SECOND:** Location Cincinnati Hamilton  
(City) (County)

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.  
(mm/dd/yyyy)

Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

**THIRD:** Purpose for which corporation is formed  
See Attachment

Complete the information in this section if box (1) or (3) is checked.

**FOURTH:** The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

(No. of Shares) \_\_\_\_\_ (Type) \_\_\_\_\_ (Par Value) \_\_\_\_\_

(Refer to instructions if needed)

RECEIVED SECRETARY OF STATE  
 2003 AUG 21 PM 2:02  
 CLIENT SERVICE CENTER  
 RECEIVED SECRETARY OF STATE  
 2003 AUG 29 PM 3:08  
 CLIENT SERVICE CENTER

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Robert P. Steinmann

(Name)

2775 Kipps Colony Drive South Unit #104

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Gulf Port

(City)

FL

(State)

33707

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

[Handwritten signature of Robert P. Steinmann]

Authorized Representative

8/21/2003

Date

Robert P. Steinmann

(print name)

[Empty signature box]

Authorized Representative

[Empty date box]

Date

(print name)

[Empty signature box]

Authorized Representative

[Empty date box]

Date

(print name)

Complete the information in this section if box (1) (2) or (3) is checked.

### ORIGINAL APPOINTMENT OF STATUTORY AGENT

Robert & Christine Steinmann

The undersigned, being at least a majority of the incorporators of Family Foundation hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Charles S. Lineback, Attorney at Law

(Name)

11427 Reed Hartman Highway

(Street)

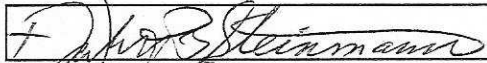
NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati, Ohio 45241

(City)

(Zip Code)

Must be authenticated by an authorized representative



Authorized Representative  
Robert P. Steinmann

8/21/2003

Date

Authorized Representative

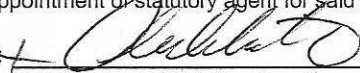
Date

Authorized Representative

Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, Charles S. Lineback, named herein as the Statutory agent for, Robert & Christine Steinmann Family Foundation, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: 

(Statutory Agent)

Charles S. Lineback